POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KN	.20591	7/19/99
O.I.P.E. CLASSIFIER	SW	32	17/21
FORMALITY REVIEW	YC	70017	7,22,85

## INDEX OF CLAIMS

,	Rejected	N	
=	Allowed	1	
_	(Through numeral) Canceled	Α	
÷	Restricted	0	Objected

Claim	Claim	Date
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28 44 94 94 95 95	7 74	45
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48 98	] [ ]	48
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If more than 150 claims or 10 actions staple additional sheet here

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